

Date_____ ID_____ Book_____ Page_____ Paid_____ CK/Cash

Marriage License # _____

Moore County Register of Deeds

Application for Certified Copy of a Vital Record

[Click here to print form](#)

Please Print or Type

*** Birth Certificate ***

Name at Birth: _____

Date of Birth: _____

Father's Full Name: _____

Mother's Full Maiden Name: _____

*** Death Certificate ***

Full Name of Deceased: _____

Date of Death:

Number of Copies:

***Marriage Certificate ***

Name of Groom:

Name of Bride:

Date of Marriage:

THE CERTIFICATE OF THE ABOVE NAMED PERSON IS FOR:

1. My Self
2. My Spouse
3. My Brother
4. My Sister
5. My Child
6. My Parent
7. I am seeking information for legal determination of personal or property rights.
8. I am authorized agent, attorney or legal representative of the person listed above. (Proof required).
9. Other _____

I hereby certify that all of the above Information given is true to the best of my knowledge and belief.

Signature of Applicant

Mailing Address

City State and Zip Code

***“Preserving, Protecting and Providing Moore County’s Official Public Records
for the Past, Present and Future”***